UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW: Amendment to Petition: Name Debtor(s) Mailing Address Alias Signature Complying with Order Directing the Filing of Official Form(s) Summary of Your Assets and Liabilities and Certain Statistical Information Statement of Financial Affairs Schedules and List of Creditors: Schedule A/B Schedule C Debtor 2 Schedule C List of Creditors Schedule D Schedule E/F and Add creditor(s), provide address of creditor already on the List of Creditors, change amount of classification of debt - \$32.00 Fee Required, or Change address of a creditor already on the List of Creditors - No Fee Required Schedule G Schedule H Schedule J	or
 Amendment to Petition:	or
□ Name □ Debtor(s) Mailing Address □ Alias □ Signature □ Complying with Order Directing the Filing of Official Form(s) Summary of Your Assets and Liabilities and Certain Statistical Information Statement of Financial Affairs Schedules and List of Creditors: □ Schedule A/B □ Schedule C □ Debtor 2 Schedule C □ List of Creditors □ Schedule D □ Schedule E/F and □ Add creditor(s), provide address of creditor already on the List of Creditors, change amount of classification of debt - \$32.00 Fee Required, or □ Change address of a creditor already on the List of Creditors − No Fee Required □ Schedule G □ Schedule H □ Schedule I	or
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☐ Schedule G ☐ Schedule H ☐ Schedule I	
☐ Schedule H ☐ Schedule I	
☑ Schedule I	
☑ Schedule J	
☐ Schedule J-2	
NOTE: Use Base 2 for any sourcetions or additionate the List of Creditors	
NOTE: Use Page 2 for any corrections or additions to the List of Creditors.	
Additional Details of Amendment(s):	
▶ DECLARATION OF ATTORNEY: I declare that the above information contained on this cover sheet may be	
relied upon by the Clerk of the Court as a complete and accurate summary of the information contained i	in
the documents attached.	
Date Signature	
➡ AFFIRMATION OF DEBTOR(S): I declare under penalty of perjury that I have read this cover sheet and the	;
attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledg	e,
Date Signature	
5/2/2022 /s/ Tamala S Swanson	
Date Signature	

CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITO	DR:	PLEASE CHANGE TO:	
PREVIOUS NAME/ADDRESS OF CREDITO	DR:	PLEASE CHANGE TO:	
PREVIOUS NAME/ADDRESS OF CREDITO	DR:	PLEASE CHANGE TO:	
<u>ADD</u>	ITIONS TO THE LI	ST OF CREDITORS	
Use this section to identify creditors add	ded to the schedu	lles and List of Creditors.	
NAME OF CREDITOR:			
ADDRESS:			
NAME OF CREDITOR:			
NAME OF CREDITOR: ADDRESS:			

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

Fill in this in	formation to identify y	our case:	
Debtor 1	Tamala S Swanson	: - 	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
, , ,			
United States E	Bankruptcy Court for the: E	astern District of Michiga	n
Case number	22-41645-mlo		
(If known)			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

04/29/2022 MM / DD / YYYY

Official Form 106l

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Part 1: Describe Employm	ent		
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employed	☐ Employed☐ Not employed
	Include part-time, seasonal, or self-employed work.	Occupation	Insurance verifier	
	Occupation may include student	•		

Employer's name

Alliance rX Walgreens

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? 8 years 8 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$\frac{3121.60}{\\$} \\$

3. Estimate and list monthly overtime pay.

3. +\\$______ + \\$______

4. Calculate gross income. Add line 2 + line 3.

\$ 3121.60

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Tamala S Swanson Debtor 1

Last Name

5. List al 5a. 1 5b. M 5c. N 5d. F 5e. II 5f. C 5g. L 6. Add	I payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. ulate total monthly take-home pay. Subtract line 6 from line 4.		\$	3121.69 361.46 19.66 497.44		\$\$ \$\$ \$\$ \$\$	<u> </u>		
5a. T 5b. M 5c. N 5d. F 5e. II 5f. C 5g. U 5h. C	Fax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5b. 5c. 5d. 5e. 5f. 5g. 5h.	\$\$ \$\$ \$\$	19.66		\$\$ \$\$ \$\$ \$	<u> </u>		
5b. M 5c. V 5d. F 5e. II 5f. C 5h. C	Mandatory contributions for retirement plans /oluntary contributions for retirement plans Required repayments of retirement fund loans nsurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5b. 5c. 5d. 5e. 5f. 5g. 5h.	\$\$ \$\$ \$\$	19.66		\$\$ \$\$ \$\$ \$	<u> </u>		
5c. \ 5d. F 5e. II 5f. E 5h. C 6. Add	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Comestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5c. 5d. 5e. 5f. 5g. 5h.	\$ \$ \$ \$ +\$			\$\$ \$\$ \$			
5d. F 5e. II 5f. C 5g. U 5h. C	Required repayments of retirement fund loans nsurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5d. 5e. 5f. 5g. 5h.	\$ \$ \$ \$ +\$			\$ \$ \$			
5e. In 5f. C 5g. C 5h. C 6. Add	nsurance Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5e. 5f. 5g. 5h.	\$ \$ \$ +\$			\$ \$	_		
5f. C 5g. L 5h. C 6. Add	Domestic support obligations Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5f. 5g. 5h. 6.	\$ + _{\$}	497.44		\$ \$	_		
5g. L 5h. C 6. Add	Union dues Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5g. 5h. 6.	\$ + _{\$}			\$	_		
5h. C	Other deductions. Specify: the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	5h. 6.	-			_			
6. Add	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	-			\$			
			\$			+ \$			
7 Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	_	Ψ	, 878.56		\$			
7. Guice		7.	\$	2,243.13		\$	_		
8. List a	Il other income regularly received:								
	Net income from rental property and from operating a business, profession, or farm								
r	Attach a statement for each property and business showing gross eceipts, ordinary and necessary business expenses, and the total nonthly net income.	8a.	\$			\$			
8b. I	nterest and dividends	8b.	\$			\$			
	ramily support payments that you, a non-filing spouse, or a dependence egularly receive	ent							
	nclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$			\$			
8d. l	Jnemployment compensation	8d.	\$			\$			
8e. S	Social Security	8e.	\$			\$			
lı tı N	Other government assistance that you regularly receive nolude cash assistance and the value (if known) of any non-cash assistar hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$			\$			
						*			
8g. F	Pension or retirement income	8g.	\$			\$	_		
8h. C	Other monthly income. Specify:	8h.	+\$_			+\$			
9. Add	all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$		<u> </u>	\$			
	late monthly income. Add line 7 + line 9. ne entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$_2</u>	,243.13	+	\$	=	\$_2,2	243.13
Includ	all other regular contributions to the expenses that you list in Schelle contributions from an unmarried partner, members of your household, sor relatives.			ents, your roc	omma	ates, and other			
Do no Speci	ot include any amounts already included in lines 2-10 or amounts that are fy:			e to pay expe	nses 	listed in Schedule	∍ J. 11. +	\$ <u>0.0</u>)
	he amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Your Assets and Liabilities and Certain S					•	12.	\$2	2,243.13
	•			,				Comb	
13. Do y	ou expect an increase or decrease within the year after you file this	form?	•					month	ly income

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page 2

Fill in this	information to identify	your case:				
Debtor 1	Tamala S Swanso	Middle Name Last Name	Check if t	his is:		
Debtor 2			An am	nended fi	iling	
	ng) First Name	Middle Name Last Name	☑ A sup	plement	showing postp	petition chapter 13
	00 44045	Eastern District of Michigan	expen 04/29	ses as o /2022	of the following	date:
Case numb (If known)	_{er} <u>22-41645-mlo</u>			DD / YYYY	,	
Official	Form 106J					
Sche	dule J: You	ur Expenses				12/15
information		ssible. If two married people are fili d, attach another sheet to this form				
Part 1:	Describe Your Hou	sehold				
1. Is this a j	oint case?					
	Go to line 2. Does Debtor 2 live in a s	eparate household?				
I	□ No					
	Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2			
	ave dependents?	□ No ✓ Yes Fill out this information for	Dependent's relationship to		Dependent's	Does dependent live
Debtor 2.	t Debtor 1 and	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	_	age	with you?
Do not standard	ate the dependents'		twins male		5	Yes
			daughter		19	□ No ☑ Yes
						☐ No
						☐ Yes
						☐ No
						☐ Yes
						Yes
expense	expenses include s of people other than and your dependents?	☑ No □ Yes				
Part 2:	Estimata Your Ongoi	ng Monthly Expenses				
		bankruptcy filing date unless you a	re using this form as a sunnl	oment in	a Chanter 13 c	ase to report
	s of a date after the ban	kruptcy is filed. If this is a supplement				
Include exp	enses paid for with non	-cash government assistance if you	ı know the value of			
		it on Schedule I: Your Income (Offi	,		Your expe	nses
	tal or home ownership e for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4.	\$	700.00
	cluded in line 4:					
	al estate taxes			4a.	\$	
	operty, homeowner's, or re			4b.	\$	
	me maintenance, repair, a			4c.	\$	
4d. Ho	meowner's association or	condominium dues		4d.	\$	

Last Name

			Your exp	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
6	Utilities:			
Ο.	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	150.00
	6d. Other. Specify:	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	450.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	40.00
0.	Personal care products and services	10.	\$	100.00
11.	Medical and dental expenses	11.	\$	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
14.	Charitable contributions and religious donations	14.	\$	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	
	15b. Health insurance	15b.	\$	
	15c. Vehicle insurance	15c.	\$	126.00
	15d. Other insurance. Specify:	15d.	\$	
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	c	
			Φ	
9.	Other payments you make to support others who do not live with you. Specify:	19.	\$	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.		
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	

Case number (if known) 22-41645-mlo Tamala S Swansom
First Name Middle Name Last Name

1. O 1	ther. S	pecify:	21.	+\$	
2. C a	alculate	your monthly expenses.			
22	a. Add	lines 4 through 21.	22a.	\$	2,066.00
22	b. Cop	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22	c. Add	ine 22a and 22b. The result is your monthly expenses.	22c.	\$	2,066.00
23. Cal	culate	your monthly net income.			2,243.13
23a	. Cop	y line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,243.13
23b	. Cop	y your monthly expenses from line 22c above.	23b.	-\$	2,066.00
23c		ract your monthly expenses from your monthly income. result is your monthly net income.	23c.	\$	177.13
For	examp	pect an increase or decrease in your expenses within the year after you file this form? le, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage?			
	Yes.	Explain here:			

Debtor 1